



MARYLAND Department of Health

Larry Hogan, Governor · Boyd Rutherford, Lt. Governor · Dennis Schrader, Secretary

October 20, 2017

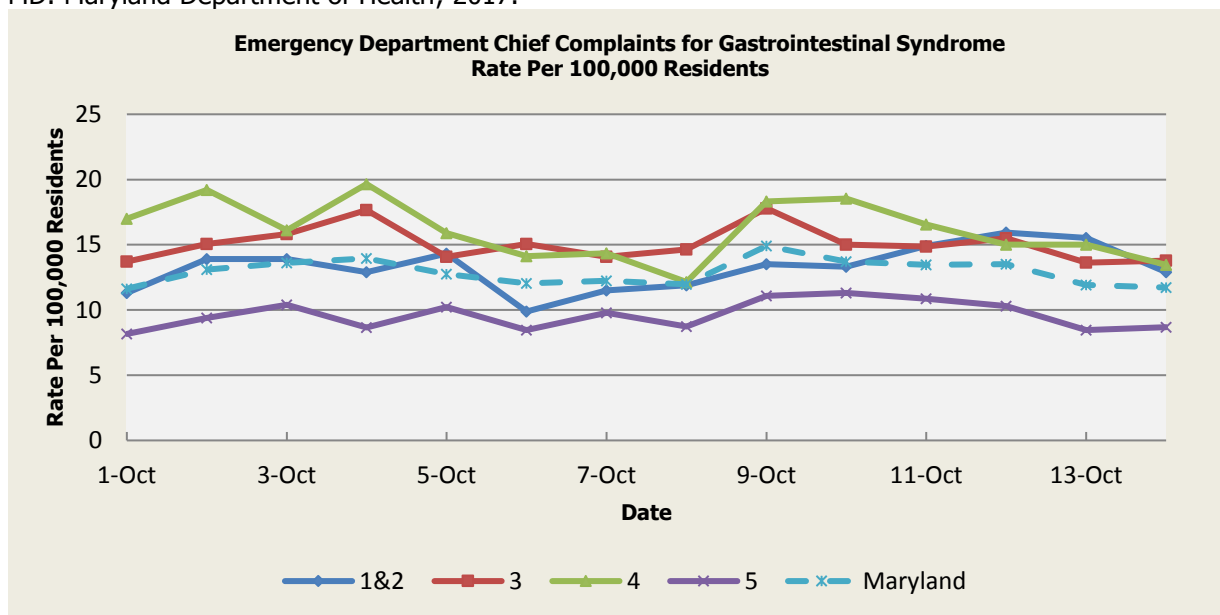
Public Health Preparedness and Situational Awareness Report: #2017:41 Reporting for the week ending 10/14/17 (MMWR Week #41)

CURRENT HOMELAND SECURITY THREAT LEVELS

National: No Active Alerts
Maryland: Normal (MEMA status)

SYNDROMIC SURVEILLANCE REPORTS

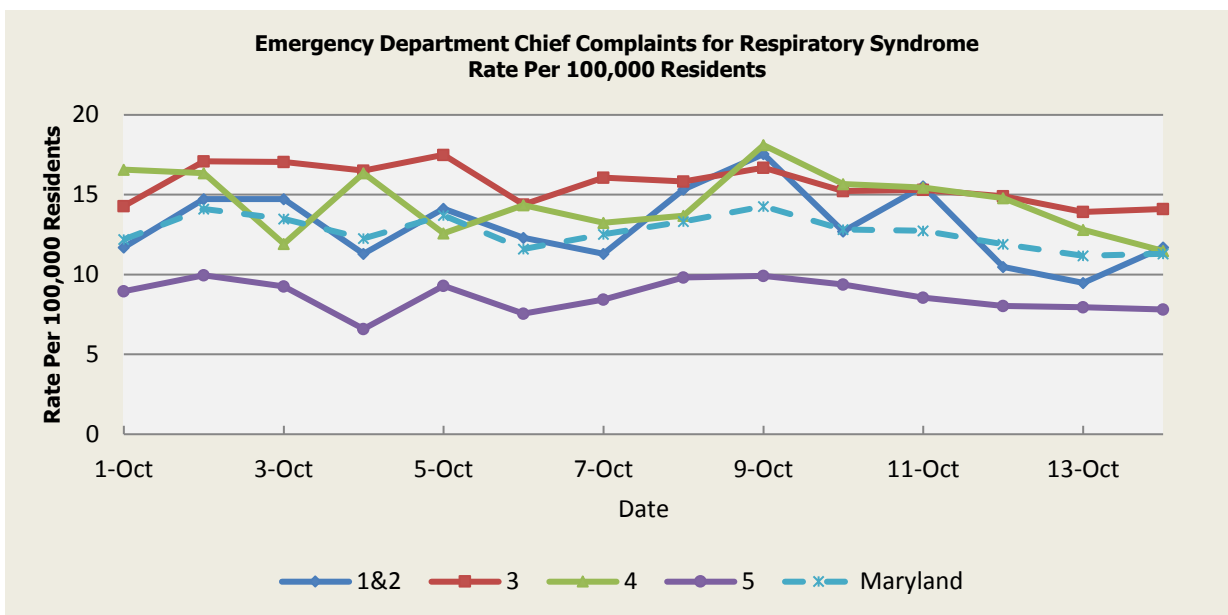
ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics): Graphical representation is provided for all syndromes (excluding the "Other" category; see Appendix 1) by Health and Medical Regions (See Appendix 2). Emergency department chief complaint data is presented as rates per 100,000 residents using data from the 2010 census. Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE). Baltimore, MD: Maryland Department of Health; 2017.



There was one (1) Gastrointestinal Syndrome outbreak reported this week: one (1) outbreak of Gastroenteritis/Foodborne associated with a Restaurant (Region 3).

Gastrointestinal Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	12.15	14.22	14.52	9.69	12.33
Median Rate*	12.91	14.80	15.02	10.22	12.95

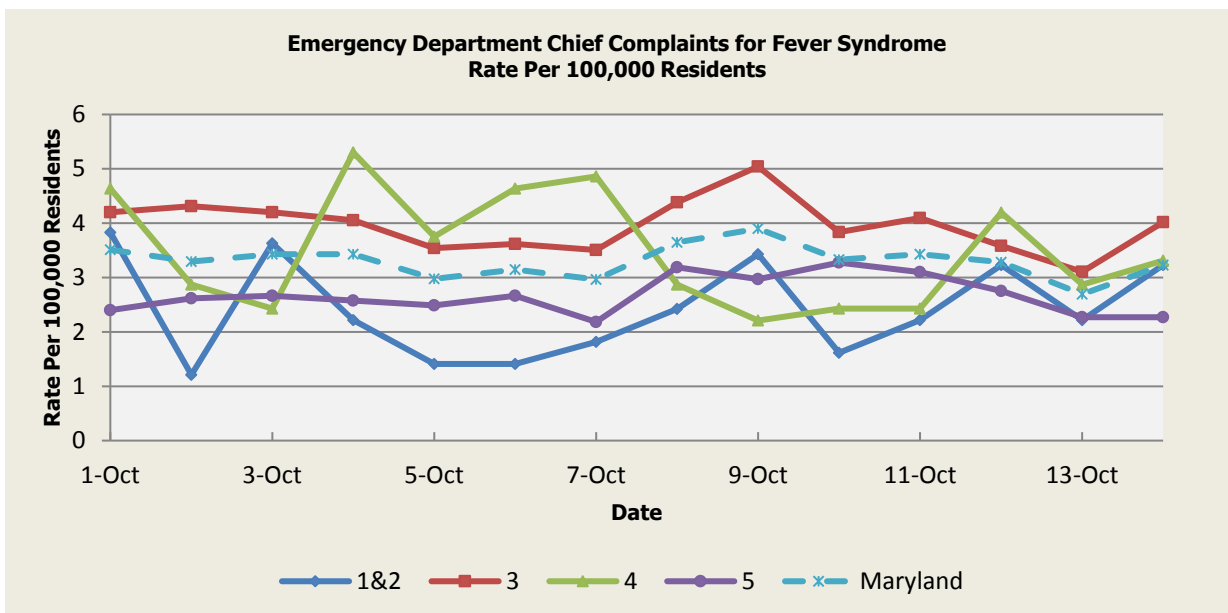
* Per 100,000 Residents



There was one (1) Respiratory Syndrome outbreaks reported this week: one (1) outbreak of Influenza associated with a School (Region 3).

Respiratory Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	11.34	13.60	13.50	9.37	11.78
Median Rate*	11.70	13.88	13.91	9.65	12.05

* Per 100,000 Residents

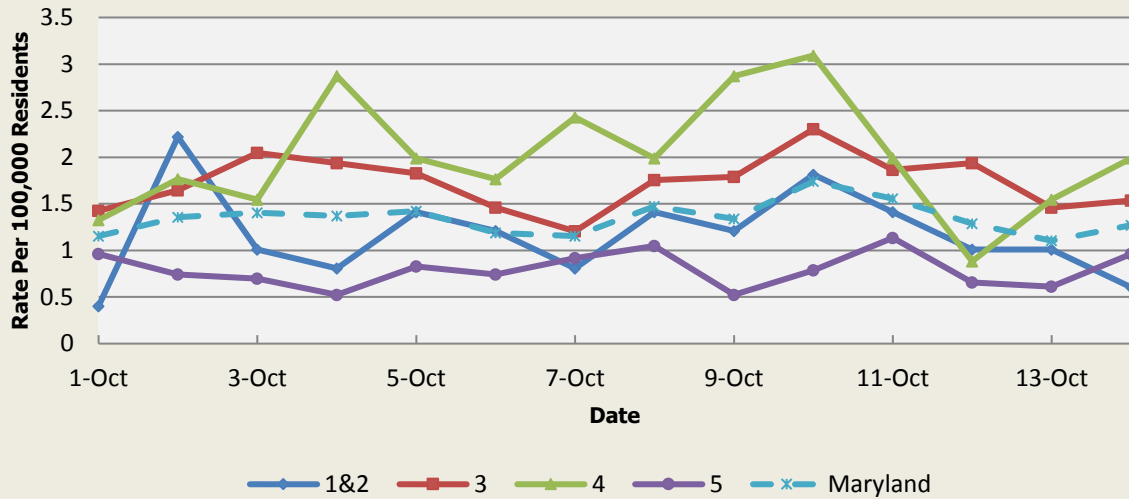


There were no Fever Syndrome outbreaks reported this week.

Fever Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	2.85	3.64	3.75	2.90	3.30
Median Rate*	2.82	3.76	3.75	2.97	3.40

Per 100,000 Residents

Emergency Department Chief Complaints for Localized Lesion Syndrome Rate Per 100,000 Residents



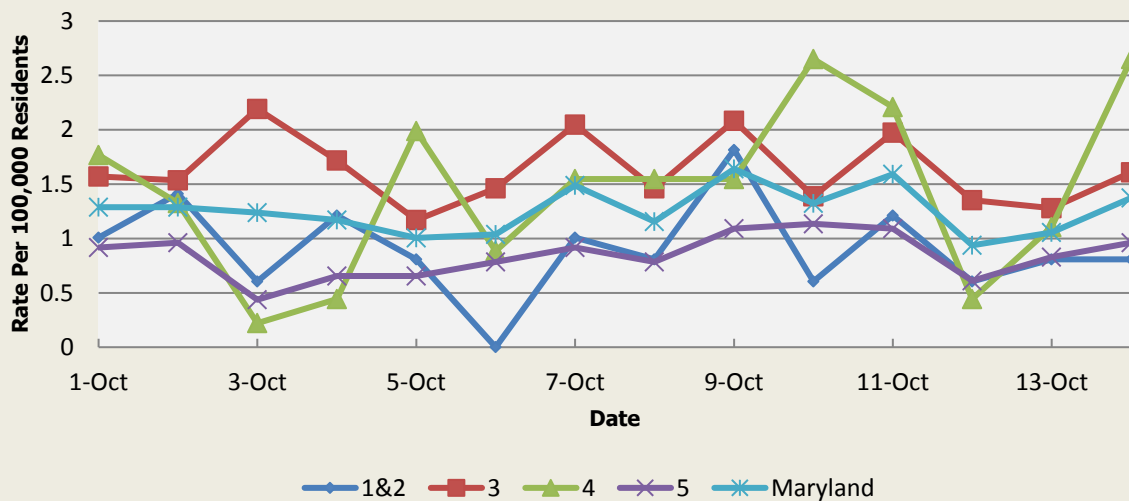
There were no Localized Lesion Syndrome outbreaks reported this week.

Localized Lesion Syndrome Baseline Data January 1, 2010 - Present

Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.98	1.78	1.91	0.90	1.39
Median Rate*	1.01	1.83	1.99	0.92	1.42

* Per 100,000 Residents

Emergency Department Chief Complaints for Rash Syndrome Rate Per 100,000 Residents

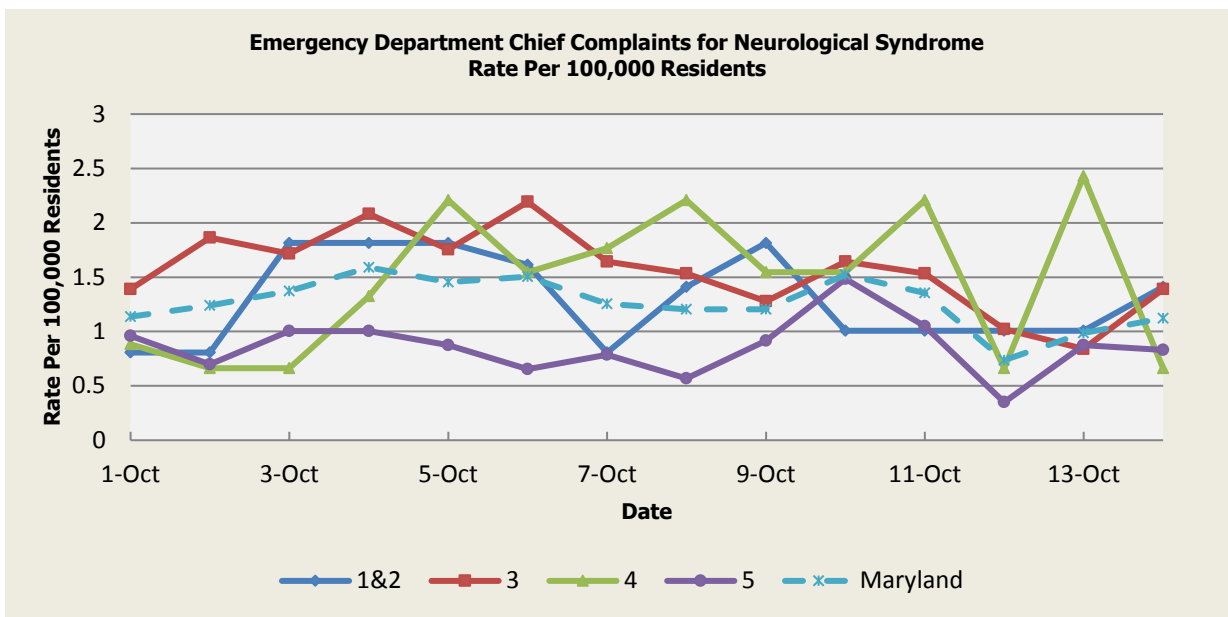


There were two (2) Rash Syndrome outbreaks reported this week: two (2) outbreaks of Hand, Foot, and Mouth Disease associated with Daycare Centers (Regions 3&5)

Rash Syndrome Baseline Data January 1, 2010 - Present

Health Region	1&2	3	4	5	Maryland
Mean Rate*	1.17	1.65	1.66	0.97	1.35
Median Rate*	1.21	1.68	1.77	1.00	1.39

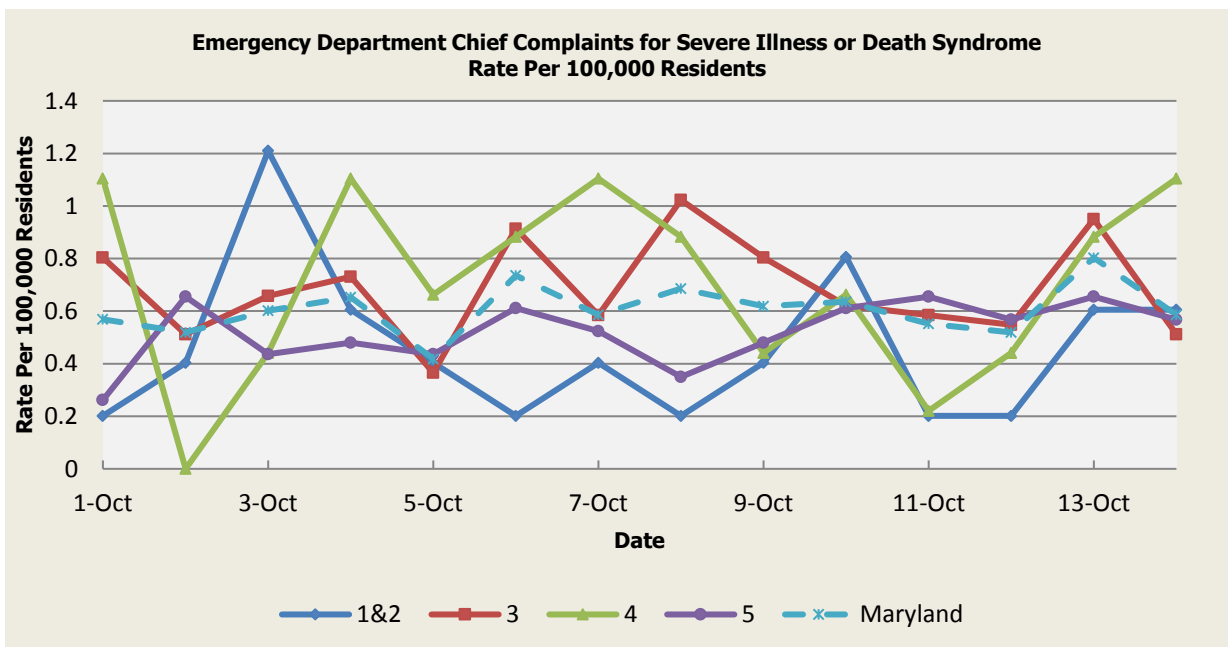
* Per 100,000 Residents



There were no Neurological Syndrome outbreaks reported this week.

Neurological Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.61	0.75	0.65	0.48	0.63
Median Rate*	0.60	0.69	0.66	0.48	0.59

* Per 100,000 Residents

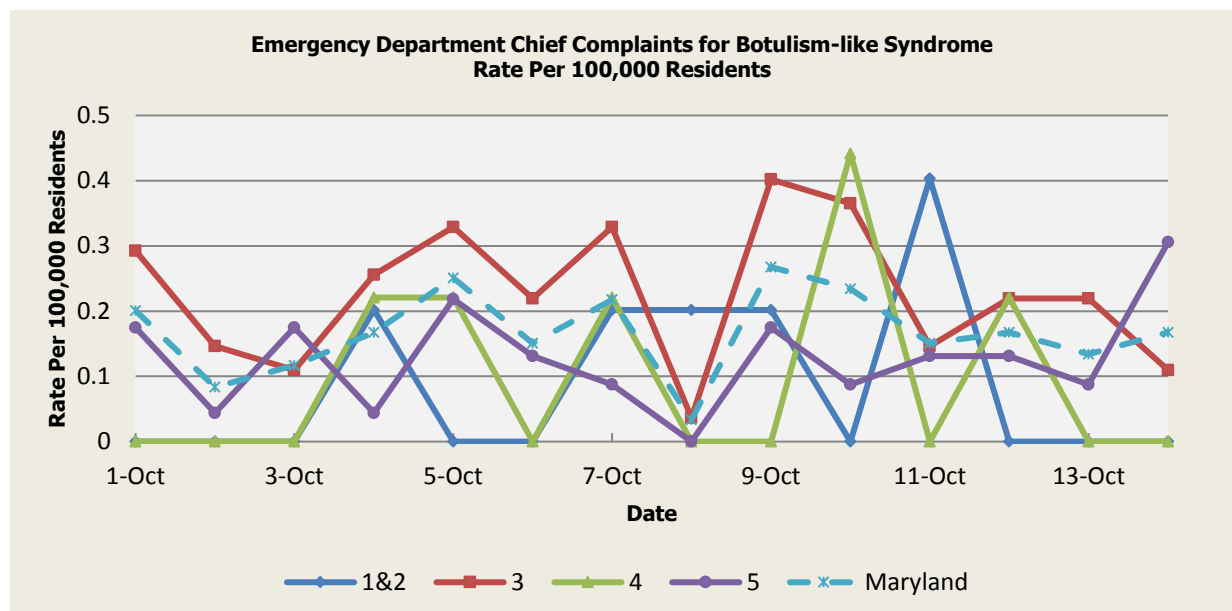


There were no Severe Illness or Death Syndrome outbreaks reported this week.

Severe Illness or Death Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.61	0.87	0.76	0.43	0.67
Median Rate*	0.60	0.91	0.66	0.44	0.70

* Per 100,000 Residents

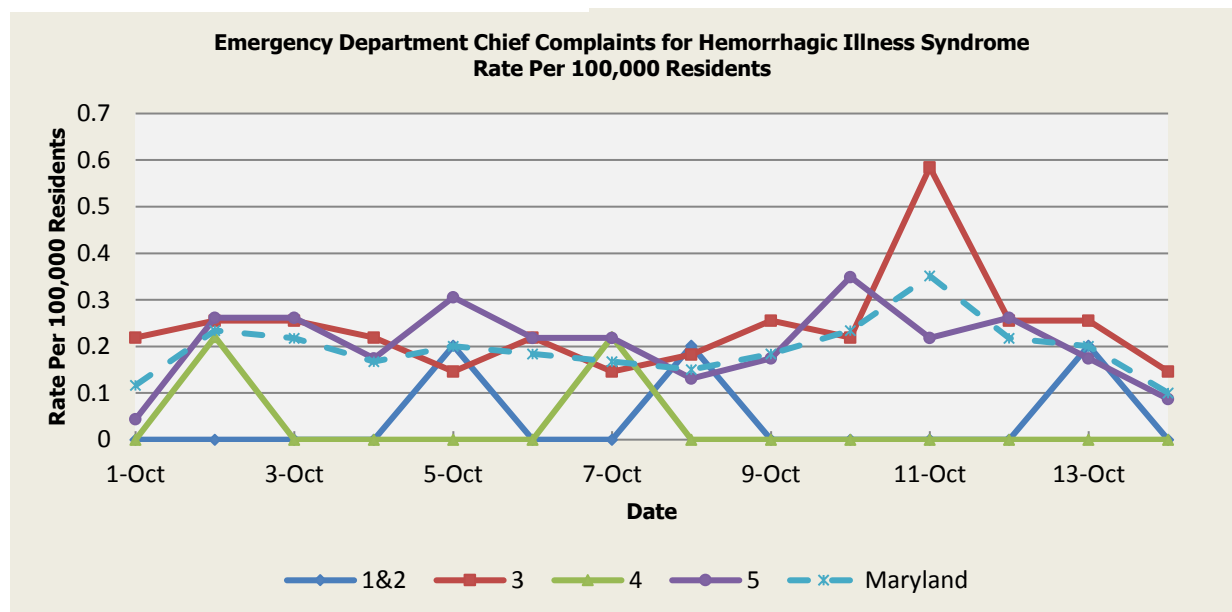
SYNDROMES RELATED TO CATEGORY A AGENTS



There was an appreciable increase above baseline in the rate of ED visits for Botulism-like Syndrome on 10/01 (Regions 3,5), 10/03 (Region 5), 10/04 (Regions 1&2,3,4), 10/05 (Regions 3,4,5), 10/06 (Regions 3,4,5), 10/07 (Regions 1&2,3), 10/08 (Regions 1&2), 10/09 (Regions 1&2,3,5), 10/10 (Regions 3,4), 10/11 (Regions 1&2,5), 10/12 (Regions 3,4,5), 10/13 (Region 3), 10/14 (Region 5). These increases are not known to be associated with any outbreaks.

Botulism-like Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.06	0.09	0.04	0.05	0.07
Median Rate*	0.00	0.07	0.00	0.04	0.05

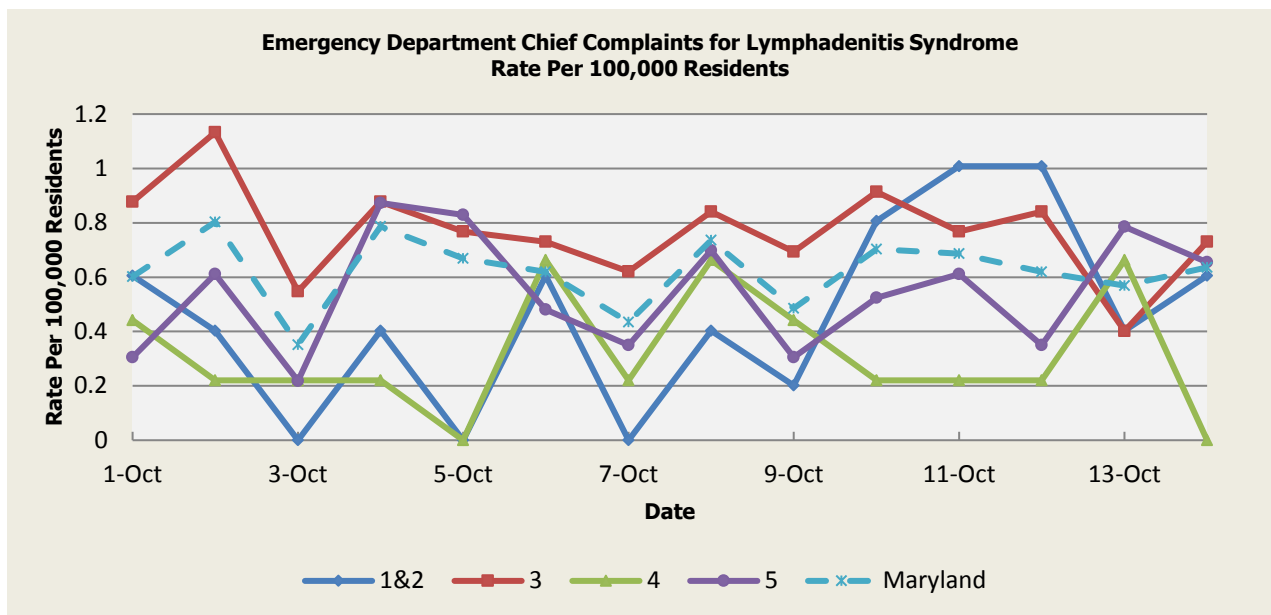
* Per 100,000 Residents



There was an appreciable increase above baseline in the rate of ED visits for Hemorrhagic Illness Syndrome on 10/02 (Regions 3,4,5), 10/03 (Regions 3,5), 10/05 (Regions 1&2,5), 10/06 (Region 5), 10/07 (Regions 4,5), 10/08 (Regions 1&2), 10/09 (Region 3), 10/10 (Region 3), 10/11 (Regions 3,5), 10/12 (Regions 3,5), 10/13 (Regions 1&2,3). These increases are not known to be associated with any outbreaks.

Hemorrhagic Illness Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.03	0.12	0.03	0.09	0.09
Median Rate*	0.00	0.04	0.00	0.04	0.05

* Per 100,000 Residents



There was an appreciable increase above baseline in the rate of ED visits for Lymphadenitis Syndrome on 10/01 (Regions 1&2), 10/02 (Regions 3,5), 10/04 (Region 5), 10/05 (Region 5), 10/06 (Regions 1&2,4), 10/08 (Regions 4,5), 10/10 (Regions 1&2), 10/11 (Regions 1&2,5), 10/12 (Regions 1&2), 10/13 (Regions 4,5), 10/14 (Regions 1&2,5). These increases are not known to be associated with any outbreaks.

Lymphadenitis Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.29	0.49	0.33	0.30	0.39
Median Rate*	0.20	0.40	0.22	0.26	0.33

* Per 100,000 Residents

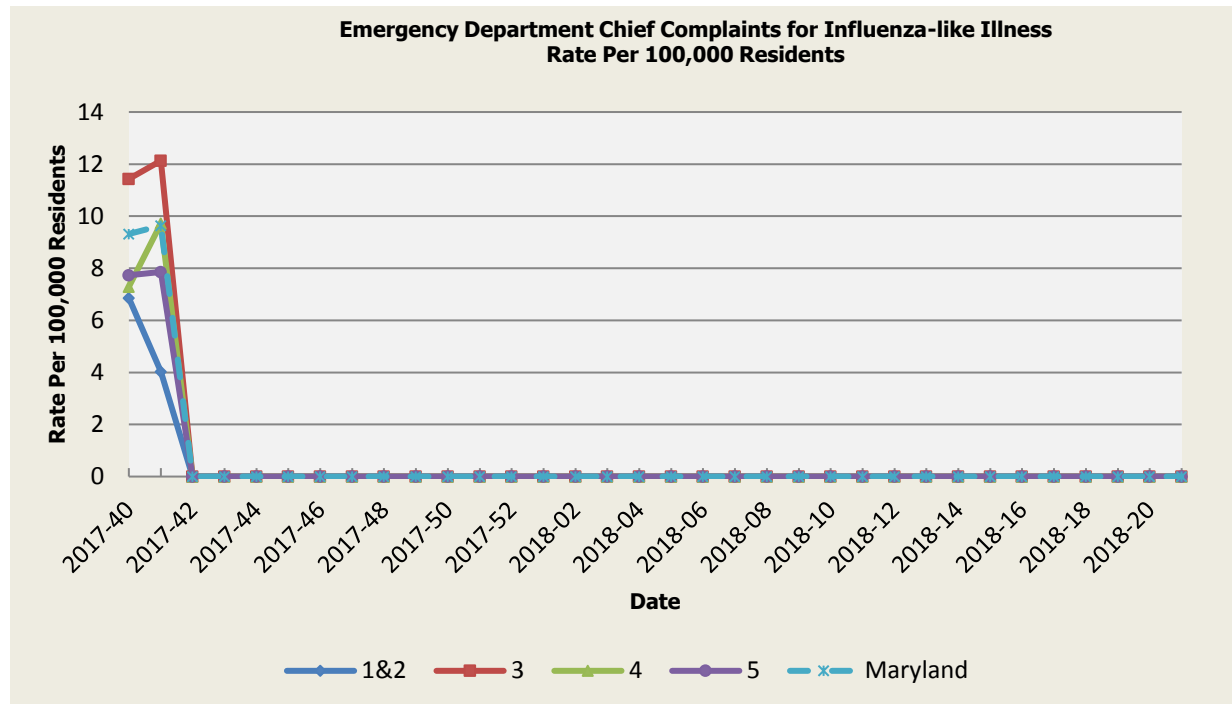
MARYLAND REPORTABLE DISEASE SURVEILLANCE

Condition	Counts of Reported Cases†					
	September			Cumulative (Year to Date)**		
	2017	Mean*	Median*	2017	Mean*	Median*
Vaccine-Preventable Diseases						
Aseptic meningitis	14	19.6	19	321	373	352
Meningococcal disease	0	0	0	5	4	4
Measles	0	0.2	0	4	4.6	4
Mumps	0	0.8	0	23	41.2	18
Rubella	0	0	0	1	4.4	3
Pertussis	3	14.2	14	177	275.2	294
Foodborne Diseases						
Salmonellosis	32	43.6	47	715	804	801
Shigellosis	7	7.8	7	208	171	203
Campylobacteriosis	18	31.2	31	671	637.6	635
Shiga toxin-producing Escherichia coli (STEC)	6	7.8	7	151	127.2	116
Listeriosis	1	0.8	1	22	14.6	15
Arboviral Diseases						
West Nile Fever	0	0.4	0	3	13.8	12
Lyme Disease	63	122.4	121	2923	2633.8	2492
Emerging Infectious Diseases						
Chikungunya	0	1.8	0	0	7.8	0
Dengue Fever	0	1.8	2	20	25.6	18
Zika Virus***	0	1.2	0	3	14.6	7
Other						
Legionellosis	2	10.6	11	199	152.6	159

NEDSS data: Maryland National Electronic Disease Surveillance System (NEDSS). Baltimore, MD: Maryland Department of Health; 2017. † Counts are subject to change *Timeframe of 2011-2017**Includes January through current month. *** As of October 20, 2017, the total [Maryland Confirmed and Probable Cases of Zika Virus Disease and Infection](#) for 2017 is 60.

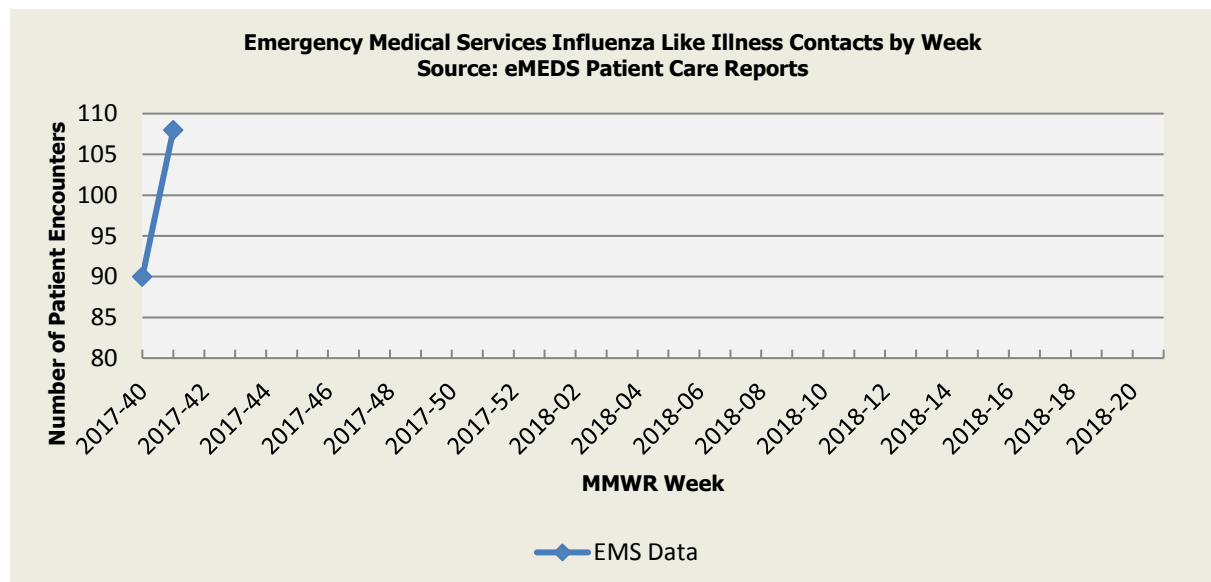
SYNDROMIC INFLUENZA SURVEILLANCE

Seasonal Influenza reporting occurs from MMWR Week 40 through MMWR Week 20 (October through May). Seasonal Influenza activity for Week 41 was: Sporadic Geographic Spread with Minimal Intensity.



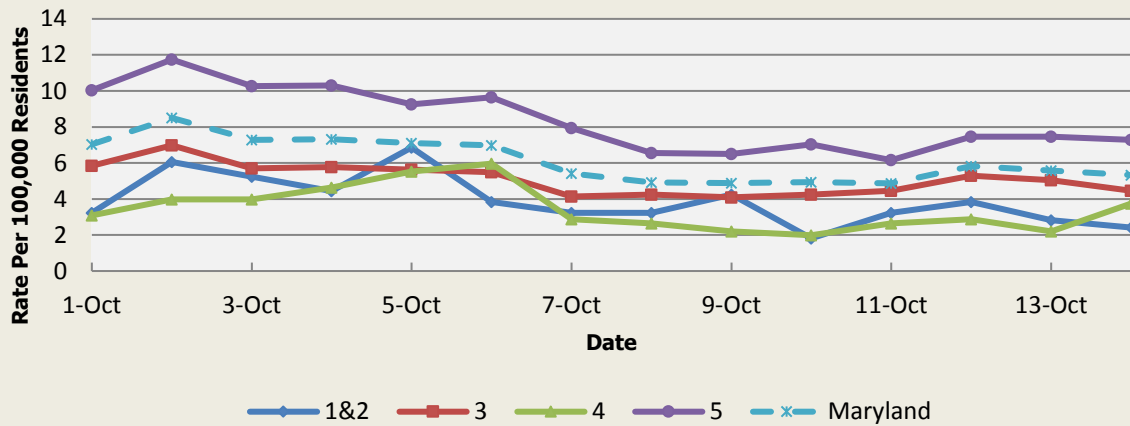
Influenza-like Illness Baseline Data Week 1 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	9.73	12.99	11.92	11.27	11.98
Median Rate*	7.66	9.63	9.05	8.51	9.00

* Per 100,000 Residents



Disclaimer on eMEDS flu related data: These data are based on EMS Pre-hospital care reports where the EMS provider has selected "flu like illness" as a primary or secondary impression of a patient's illness. This impression is solely based on the signs and symptoms seen by the provider, not on any diagnostic tests. Since these numbers do not include all primary or secondary impressions that may be seen with influenza the actual numbers may be low. These data are reported for trending purposes only.

Over-the-Counter Medication Sales Related to Influenza Rate Per 100,000 Residents

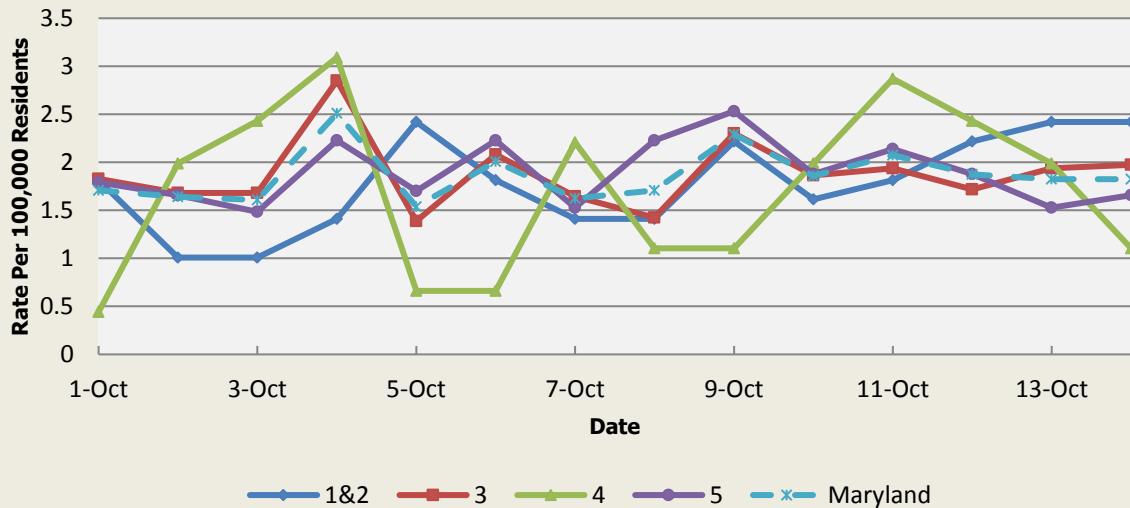


There was not an appreciable increase above baseline in the rate of OTC medication sales during this reporting period.

OTC Medication Sales Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.55	4.62	2.57	7.95	5.65
Median Rate*	3.23	4.38	2.43	8.03	5.52

* Per 100,000 Residents

Over-the-Counter Thermometer Sales Rate Per 100,000 Residents



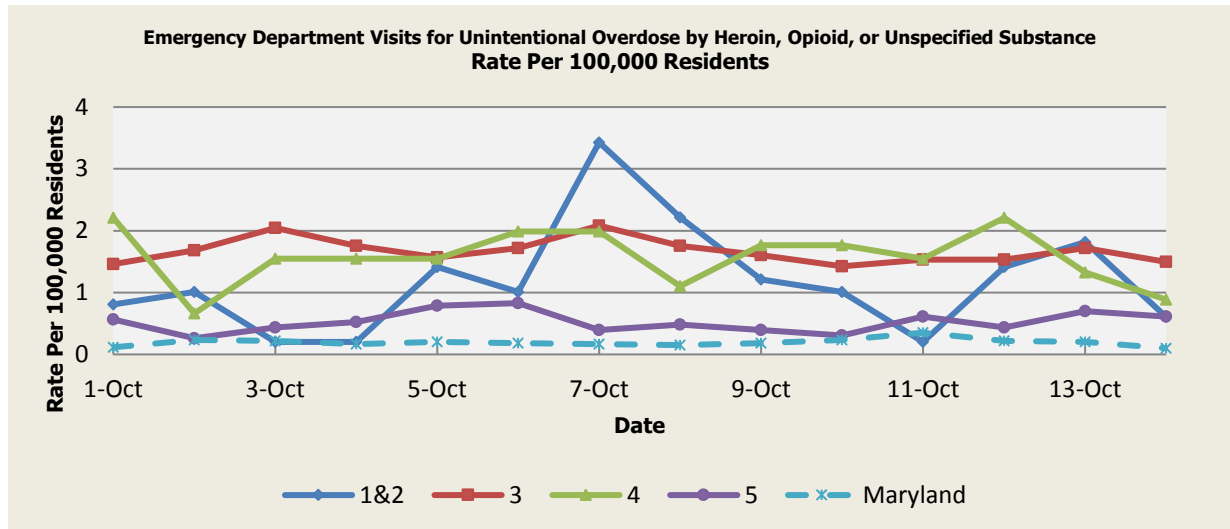
There was not an appreciable increase above baseline in the rate of OTC thermometer sales during this reporting period.

Thermometer Sales Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.17	3.04	2.35	4.07	3.39
Median Rate*	3.02	3.03	2.43	4.06	3.36

* Per 100,000 Residents

SYNDROMIC OVERDOSE SURVEILLANCE

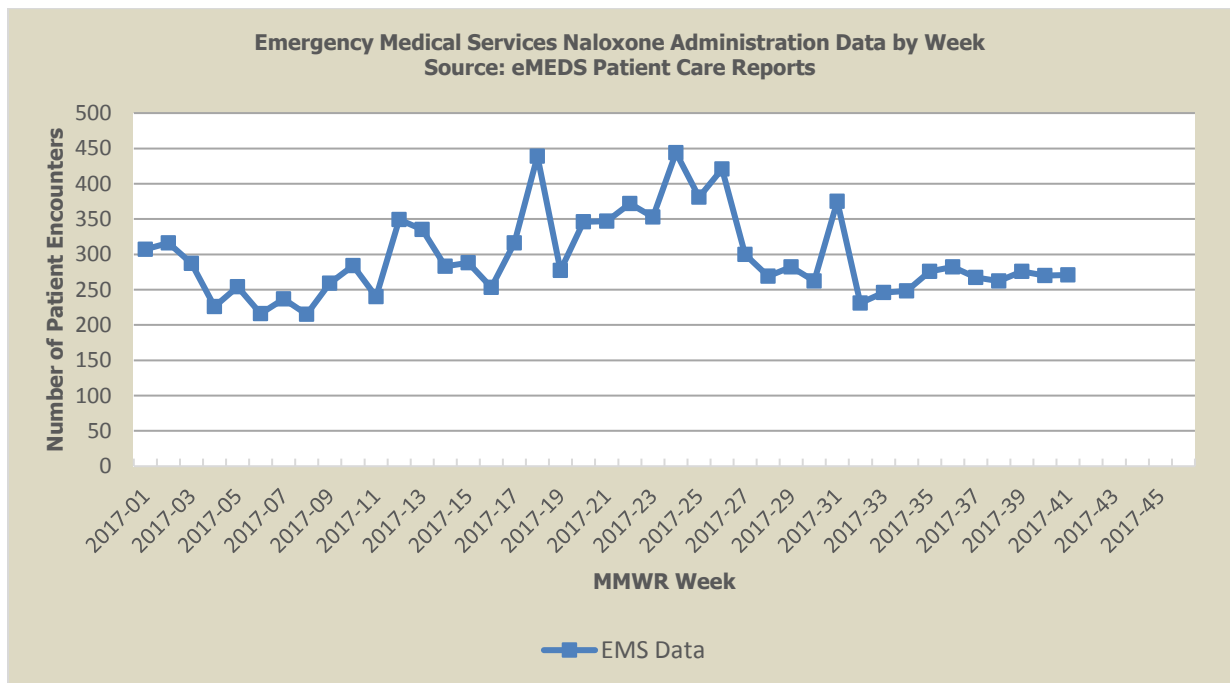
The purpose of this section is to characterize non-fatal ED visit trends for acute unintentional overdose by Heroin, Opioid or Unspecified substance among Maryland residents captured by ESSENCE data, including chief complaint and discharge diagnosis. ED visits that are identified as unintentional overdose by Heroin, Opioid or Unspecified substance include those with medical and non-medical use of a prescription Opioid or where the substance is not specified, given evidence that the majority of fatal overdoses are Opioid-related.



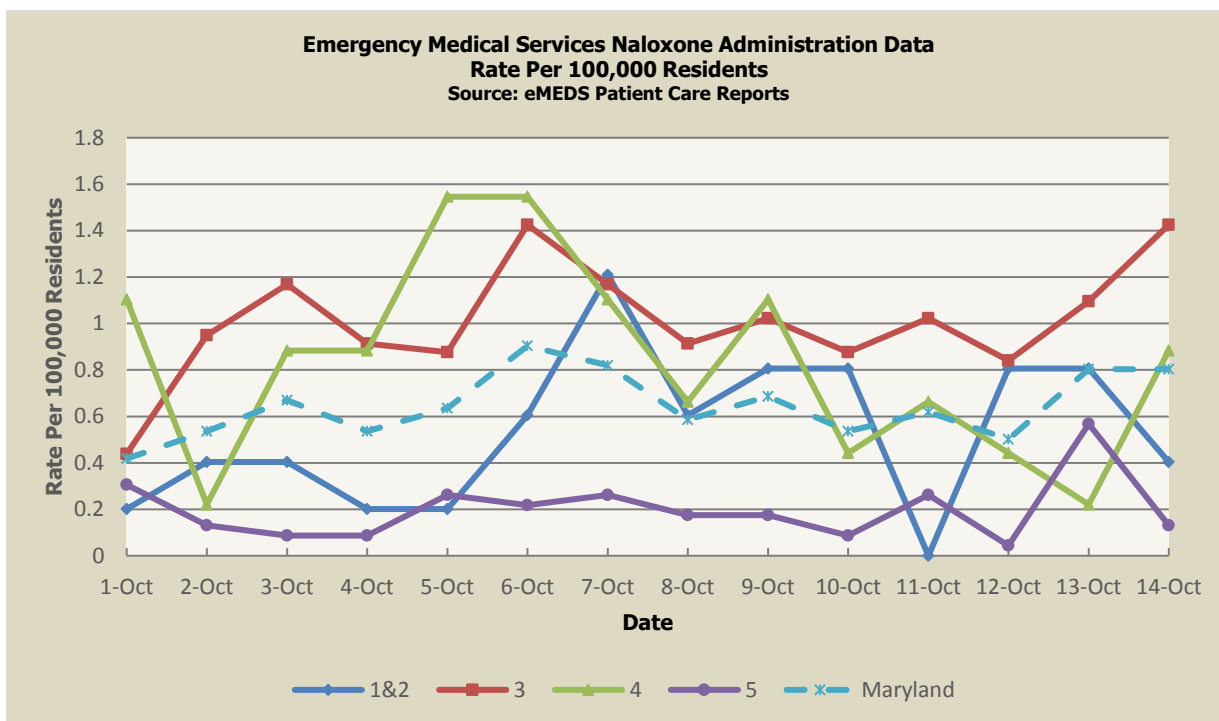
Disclaimer on ESSENCE Overdose related data: ESSENCE chief complaint and discharge diagnosis query for overdose-related illness includes but is not limited to the following terms: heroin, opioid, speedball, dope, fentanyl, naloxone, narcan, and overdose.

Non-fatal Overdose ED Visit Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.31	0.39	0.35	0.14	0.29
Median Rate*	1.01	1.32	1.10	0.48	0.99

* Per 100,000 Residents



Disclaimer on eMEDS naloxone administration related data: These data are based on EMS Pre-hospital care reports where the EMS provider has documented that they administered naloxone. The administration of naloxone is based on the patient's signs and symptoms and not on any diagnostic tests. These data are reported for trending purposes only.



Disclaimer on eMEDS Naloxone administration related data: These data are based on EMS Pre-hospital care reports where the EMS provider has documented that they administered naloxone. The administration of naloxone is based on the patient's signs and symptoms and not on any diagnostic tests. These data are reported for trending purposes only.

EMS Naloxone Administration Data Baseline Data January 1, 2017 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.31	0.39	0.35	0.14	0.29
Median Rate*	1.01	1.32	1.10	0.48	0.99

* Per 100,000 Residents

PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS

WHO update: The current WHO phase of pandemic alert for avian influenza is ALERT. Currently, the avian influenza H5N1 virus continues to circulate in poultry in some countries, especially in Asia and northeast Africa. This virus continues to cause sporadic human infections with some instances of limited human-to-human transmission among very close contacts. There has been no sustained human-to-human or community-level transmission identified thus far.

Influenza A (H7N9) is one of a subgroup of influenza viruses that normally circulate among birds. Until recently, this virus had not been seen in people. However, human infections have now been detected. Presently, there is limited information about the scope of the disease the virus causes and about the source of exposure. The disease is of concern because most patients have been severely ill. There is no indication thus far that it can be transmitted between people, but both animal-to-human and human-to-human routes of transmission are being actively investigated.

Alert phase: This is the phase when influenza caused by a new subtype has been identified in humans. Increased vigilance and careful risk assessment, at local, national, and global levels are characteristic of this phase. If the risk assessments indicate that the new virus is not developing into a pandemic strain, a de-escalation of activities towards those in the interpandemic phase may occur. As of September 27, 2017, the WHO-confirmed global total (2003-2017) of human cases of H5N1 avian influenza virus infection stands at 860, of which 454 have been fatal. Thus, the case fatality rate for human H5N1 is approximately 53%.

AVIAN INFLUENZA

LPAI H5N2 (NETHERLANDS), 14 Oct 2017, Dutch poultry farmers, already left reeling by a contaminated egg scandal, were in a new flap over an outbreak of bird flu, with thousands of hens to be destroyed. An outbreak of a variant of H5 bird flu has been detected in a poultry farm in Zeeland province. Read More: <https://www.promedmail.org/post/5380909>

HUMAN AVIAN INFLUENZA

H5N1 (INDONESIA), 16 Oct 2017, An outbreak of H5N1 in Bali is confirmed. To date, no additional confirmed cases have been reported. 5 suspected cases were identified and are waiting for laboratory confirmation. A Ministry of Health Rapid Response Team is investigating the outbreak to find additional cases and possible source of infection. Bali Province Health Office heightened influenza surveillance. Read More: <https://www.promedmail.org/post/5383526>

NATIONAL DISEASE REPORTS

HEPATITIS A (MICHIGAN), 14 Oct 2017, Public health officials and the Michigan Department of Health and Human Services (MDHHS) are continuing to see an elevated number of hepatitis A cases in the City of Detroit and counties of Macomb, Monroe, Oakland, Wayne, and St Clair. Read More: <https://www.promedmail.org/post/5380907>

E. COLI EHEC (VERMONT), 14 Oct 2017, State and federal officials have traced 2 *E. coli*-O157:H7 to ground beef from Vermont Livestock Slaughter and Processing LLC. The company recalled 133 pounds of their ground beef after a sample tested positive for the bacterium, according to USDA's Food Safety and Inspection Service (FSIS). Read More: <https://www.promedmail.org/post/5381117>

VIBRIO VULNIFICUS (FLORIDA), 15 Oct 2017, According to Florida Department of Health data, as of 13 Oct 2017, 41 cases have been reported from 20 counties. In addition, 2 additional fatalities have been reported, 1 each in St. Johns and Monroe Counties. In 2016, Florida reported 46 cases, including 10 deaths. Read More: <https://www.promedmail.org/post/5381864>

HEPATITIS A (CALIFORNIA), 17 Oct 2017, On 1 Sep 2017, the San Diego county public health officer declared a local public health emergency due to the ongoing hepatitis A outbreak in the county. The outbreak is being spread person-to-person and through contact with fecally contaminated

environments. The majority of people who have contracted hepatitis A during this outbreak have been homeless and/or illicit drug users. Efforts of the county and its community partners to halt the hepatitis A outbreak focus on 3 key areas: vaccination, sanitation, and education. Read More:

<https://www.promedmail.org/post/5386460>

INTERNATIONAL DISEASE REPORTS

ANTHRAX (TANZANIA), 14 Oct 2017, The occurrence of the disease was limited to one camp, and the situation appears to be sufficiently stable. No new cases in either hippopotamus or other wild ruminants have been recorded ever since. Source of the outbreak(s) or origin of infection: Unknown or inconclusive; Contact with infected animal(s) at grazing/watering. Read More:

<https://www.promedmail.org/post/5380017>

PLAGUE (MADAGASCAR, SEYCHELLES), 14 Oct 2017, The World Health Organization (WHO) said today [13 Oct 2017] in an update on Madagascar's plague outbreak that the number of infections as of 12 Oct 2017 has climbed to 684, an increase of 297 cases since its last update on 9 Oct 2017. Also, health officials in Seychelles are closely monitoring 11 people in hospital isolation, a step that follows the announcement 3 days ago of a probable imported case in a man who had traveled to Madagascar. Read More: <https://www.promedmail.org/post/5380658>

CHIKUNGUNYA (PAKISTAN), 15 Oct 2017, A total of 147 confirmed cases of chikungunya were reported so far in Swabi district, and about 51 patients have been treated, said District Health Officer (DHO) Swabi Dr Muhammad Niaz. Read More: <https://www.promedmail.org/post/5381619>

PLAGUE (SEYCHELLES), 15 Oct 2017, A total of 13 people remain admitted in isolation in hospital. The index patient (probable case) is still admitted on the hospital ward and has no symptoms and is stable. Today is the 7th day of treatment, and, as per clinical guidelines, the patient is no longer infectious. He remains to complete his antibiotic course. The other patients in the hospital are stable on treatment and asymptomatic. These include the foreign national. Read More:

<https://www.promedmail.org/post/5382291>

YELLOW FEVER (NIGERIA), 16 Oct 2017, The Kwara government said that no fewer than 200 000 people have been vaccinated within 3 days of the ongoing yellow fever reactive vaccination in the state. Dr Sulaiman Alege, the Commissioner for Health, who gave the figure to newsmen in Ilorin, said 960 000 doses of the vaccine would be administered in 9 communities in the state. Read More:

<https://www.promedmail.org/post/5384700>

ANTHRAX (NAMIBIA), 16 Oct 2017, A total of 20 hippo carcasses, of the 109 which died of anthrax, have been disposed of since Fri 13 Oct 2017, spokesperson of the Ministry of Environment and Tourism Romeo Muyunda says. In an interview with Nampa yesterday, Muyunda said 20 of the 109 carcasses were destroyed. Read More: <https://www.promedmail.org/post/5384314>

BOTULISM (CANADA), 17 Oct 2017, Yummy Market is recalling "Yummy Market brand Smoked Lake Trout w/Pepper with Cracked Black Pepper" for possible *Clostridium botulinum* contamination. It was sold from Yummy Market at 1390 Major Mackenzie Drive West in Maple, Ontario. The recall was triggered by a consumer complaint. Read More: <https://www.promedmail.org/post/5386182>

PLAGUE (MADAGASCAR), 17 Oct 2017, A plague outbreak in Madagascar has killed at least 74 people and 805 cases have been reported so far. The government has deployed resources to curb the disease, but many obstacles remain. For the 1st time, the disease long seen in the country's remote areas is largely concentrated in its 2 largest cities, Antananarivo and Toamasina. Read More:

<https://www.promedmail.org/post/5386317>

MERS-CoV (SAUDI ARABIA), 17 Oct 2017, To this date, there are 1726 laboratory-confirmed cases of MERS-CoV infection, including 699 deaths with a reported case fatality rate of 40.5 percent, 1013 recoveries, and 14 currently active cases/infections. Read More:

<https://www.promedmail.org/post/5387011>

OTHER RESOURCES AND ARTICLES OF INTEREST

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: <http://preparedness.health.maryland.gov/> or follow us on Facebook at www.facebook.com/MarylandOPR.

More data and information on influenza can be found on the MDH website:
<http://phpa.health.maryland.gov/influenza/fluwatch/Pages/Home.aspx>

Please participate in the Maryland Resident Influenza Tracking System (MRITS): <http://flusurvey.health.maryland.gov>

NOTE: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail us. If you have information that is pertinent to this notification process, please send it to us to be included in the routine report.

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Appendix 1: ESSENCE Syndrome Definitions and Associated Category A Conditions

Syndrome	ESSENCE Definition	Category A Conditions
Botulism-like	(Botulism or (DifficultyFocusing and DifficultySpeaking) or (DifficultySpeaking and DifficultySwallowing) or (DifficultySwallowing and DifficultyFocusing) or DoubleVision or FacialParalysis or GuillainBarre or Ptosis) and not GeneralExclusions	Botulism
Fever	(Chills or (FeverPlus and (Drowsiness or Seizure)) or FeverOnly or SepsisGroup or ViralSyndrome) and not GeneralExclusions	N/A
Gastrointestinal	(AbdominalCramps or AbdominalPainGroup or Diarrhea or FoodPoisoning or Gastroenteritis or GIBleeding or Peritonitis or Vomiting) and not (GeneralExclusions or Gynecological or Obstetric or Reproductive or UrinaryTract)	Anthrax (gastrointestinal)
Hemorrhagic Illness	(FeverOrChills and (AcuteBloodAbnormalitiesGroup or BleedingFromMouth or BleedingGums or GIBleeding or Hematemesis or Hemoptysis or Nosebleed or Petechiae or Purpura)) and not GeneralExclusions	Viral Hemorrhagic Fever
Localized Lesion	(Boils or Bump or Carbuncle or DepressedUlcer or Eschar or Furuncle or InsectBite or SkinAbscess or (SkinSores and not AllOverBody) or SkinUlcer or SpiderBite) and not (GeneralExclusions or Decubitus or Diabetes or StasisUlcer)	Anthrax (cutaneous) Tularemia
Lymphadenitis	(BloodPoisoning or Bubo or CatScratchDisease or SwollenGlands) and not GeneralExclusions	Plague (bubonic)
Neurological	(([Age<75] and AlteredMentalStatus) or (FeverPlus and (Confusion or Drowsiness or Petechiae or StiffNeck)) or Delirium or Encephalitis or Meningitis or UnconsciousGroup) and not GeneralExclusions	N/A
Rash	(ChickenPox or Measles or RashGeneral or Roseola or (Rubella and not Pregnancy) or Shingles or (SkinSores and AllOverBody) or Smallpox) and not GeneralExclusions	Smallpox
Respiratory	(Anthrax or Bronchitis or (ChestPain and [Age<50]) or Cough or Croup or DifficultyBreathing or Hemothorax or Hypoxia or Influenza or Legionnaires or LowerRespiratoryInfection or Pleurisy or Pneumonia or RespiratoryDistress or RespiratoryFailure or RespiratorySyncytialVirus or RibPain or ShortnessOfBreath or Wheezing) and not (GeneralExclusions or Cardiac or (ChestPain and Musculoskeletal) or Hyperventilation or Pneumothorax)	Anthrax (inhalational) Tularemia Plague (pneumonic)
Severe Illness or Death	CardiacArrest or CodeGroup or DeathGroup or (Hypotension and FeverPlus) or RespiratoryArrest or SepsisGroup or Shock	N/A

Appendix 2: Maryland Health and Medical Region Definitions

Health and Medical Region	Counties Reporting to ESSENCE
Regions 1 & 2	Allegany County Frederick County Garrett County Washington County
Region 3	Anne Arundel County Baltimore City Baltimore County Carroll County Harford County Howard County
Region 4	Caroline County Cecil County Dorchester County Kent County Queen Anne's County Somerset County Talbot County Wicomico County Worcester County
Region 5	Calvert County Charles County Montgomery County Prince George's County St. Mary's County

